DEC 0 4 2006

PTO/SB/22 (09-06)
Approved for use through 03/31/2007, OMB 0651-0031
U.S. Patent and Tredemark Office; U.S. DEPARTMENT OF COMMERCE and to a collection of information unless if displays a valid OMB control number.

Application Number For TREATM Art Unit N/ This is a request identified application.	ENT OF METASTATIC COLON CA	2 ANCER WITH B-SUI	Filed SHIGA TO										
Application Number For TREATM Art Unit N/ This is a request identified application.	ENT OF METASTATIC COLON CA A under the provisions of 37 CFR 1.	2 ANCER WITH B-SUI	BUNIT OF SHIGA TO	OXIN									
For TREATM Art Unit N This is a request identified applica	ENT OF METASTATIC COLON CA	ANCER WITH B-SU											
This is a request	under the provisions of 37 CFR 1.		Examiner		For TREATMENT OF METASTATIC COLON CANCER WITH B-SUBUNIT OF SHIGA TOXIN								
This is a request				Not Yet Assign	ed								
The requested o	tion.												
	xtension and fee are as follows (ch	neck time period desi			31099).								
		Fee	Small Entity Fee	\$									
<u></u>	month (37 CFR 1.17(a)(1))	\$120	\$60	· —									
X Two	months (37 CFR 1.17(a)(2))	\$450	\$225	\$2	25.00								
Thre	ee months (37 CFR 1.17(a)(3))	\$1020	\$510	\$									
Fou	r months (37 CFR 1.17(a)(4))	\$1590	\$ 795	\$									
Five	months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$									
Payment X The Direct	n the amount of the fee is enclose by credit card. Form PTO-2038 is ctor has already been authorized to ctor is hereby authorized to charge Account Number 04-1105	s attached. o charge fees in this e any fees which may	r be required, or crec losed a duplicate co	lit any overpayi	nent, to								
1.	assignee of record of the er Statement under 37 CF	ntire interest. See 37 R 3,73(b) is enclosed	d. (Form PTO/SB/96	S).									
· [.	attorney or agent of record.												
. [attorney or agent under 37 Registration number if acting												
	4/1/11thon		Decer	nber 4, 2006									
	Signature			Date									
	Stephana E. Patton	(617) 439-4444 Telephone Number											
NOTE, Signature than one signature Total o	Typed or printed name as al all the inventors or assignees of record of to is required, and below. I forms are st				ns if mora								

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FEE SUMMARY SHEET

Petition for Extension of Time Under 37 CFR 1.136(a) (PTO SB-22)

Date:

December 4, 2006

Time:

12:20 PM

Docket:

60384(71699)

Filing Date:

June 17, 2005 10/539,212

Application No: Total Fee:

\$ 225.00

Code	Amount	37 CFR	Fee Description	Listed on
2252	225.00	1.17(a)(2)	Extension for response within second month	Fee Transmittal (PTO SB-17)